



Surprise Fire-Medical Department
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Medical Transport/Treatment Fee Hardship Waiver Policy

Purpose:

To establish a policy for Ground Ambulance Transport billing that includes a compassionate billing program.

Scope:

This policy pertains to all individuals that participate in the Surprise Fire-Medical Department's Ground Ambulance Transport Program.

Policy:

A. Categories of Patients transported by a Surprise Fire-Medical Department Ground Ambulance Transport Unit

1. Insured through insurance (all types), Medicare, or Medicaid.

The appropriate insurance carrier(s) will be billed by the billing vendor. All parties may be billed for deductibles and co-payments by the billing vendor after payment is received from their insurance carrier(s).

2. No Insurance (all types), Medicare, or Medicaid.

City residents will be billed for transport. A request for payment will be sent to transported patients who are not City residents also. If the transported individual has the ability to pay, then payment is expected in full. If the patient can demonstrate financial hardship, the patient may request to be considered for a payment plan or a financial hardship waiver.

3. Invoice Generated / No Collection from Patient

There are instances when an invoice is generated as a result of an EMS transport in which the

City would be merely transferring funds from one department's budget to another to satisfy the invoice. Examples include: City of Surprise government employees and volunteers, another government body's employees and/ or volunteers, who experience a presumed compensable worker's compensation injury or illness while on duty. In these instances, there would be no requirement to pursue payment of the invoice. Invoices generated as a result of this will be forwarded to the Fire Department EMS Billing Manager for disposition.

4. Contractual Write-Offs

Invoices paid by Medicare, Medicaid, and insurance companies on behalf of an insured individual are occasionally adjusted to pay only a portion of the invoiced amount (excluding co-payments and deductibles). This adjustment, referred to in this document as a "contractual write-off", is usually due to laws governing the payment amount or through agreements between insurance companies and a billing vendor. The contractual write-offs

are not considered unpaid balances requiring pursuit of the residual amount from the insured individual. In fact, Medicare and Medicaid prohibit such actions, commonly known as “balance billing”. The Surprise Fire-Medical Department will not pursue individuals for payment of contractual write-offs and the billing vendor for Surprise Fire-Medical will adjust individual invoices for contractual write-offs. Co-payments and deductibles for non-residents will still be invoiced and payment requested as permitted or required by applicable law.

B. Qualifying Circumstances for Requesting and Granting a Financial Hardship Waiver

1. The primary means of qualifying individuals into the hardship waiver program shall be by referencing the current poverty income guidelines established by the Department of Health and Human Services (“HHS”) (updated annually). The guidelines are identified in attachment (1). Surprise Fire-Medical Department will use a threshold factor of 200% above the minimum levels established by HHS.
2. Additional circumstances may be considered on a case-by-case basis, including catastrophic financial hardship as a result of a severe extended illness or injury; loss of all income; and homelessness. Although not every circumstance can be identified herein, the expectation is that documentation could and /or would be provided detailing the extraordinary circumstances leading to the request for a waiver.
3. If any insured transported patient requires EMS transport within a calendar year that exceeds their policy limits and no additional insurance coverage is available, the Fire Chief or designee will review the individual case for possible waiver of fees.
4. If an insurance company deems the EMS transport not medically necessary, the billing vendor will verify the correctness of the information that was submitted to the insurance company and resubmit the claim for consideration. If the insurance carrier deems the transport not medically necessary, the Fire Chief or designee will review the individual case for possible waiver of fees.
5. Transported patients who are unable to pay for reasons identified herein, may request a financial hardship review of their transport charge(s).

C. Procedure for Requesting a Hardship Waiver

1. Patients, or their designee, shall complete the “Request for Transport Fee Hardship Waiver” form.
 - a. The form is available at the following locations:
 - Fire Department Headquarters, 14250 W Statler Plaza Ste. 101, Surprise, AZ 85374
 - Via the Internet at MedicalServices@surpriseaz.gov
 - By contacting the Fire Department Transport Billing Vendor at 866-280-1510
 - By contacting the Fire Department Financial Specialist at (623)-222-5024
 - b. The completed form(s) and supporting documentation shall be submitted to the Surprise Fire-Medical Department Billing Manager via US mail to the address listed in C.1.a.
 - c. Completed forms can also be delivered in person or emailed to MedicalServices@surpriseaz.gov.
 - d. Supporting documentation shall be submitted with the application and shall include at least one of the following:
 - Current IRS W2 form
 - Copies of three current paystubs from the Head of Household
 - Unemployment check stubs
 - Notarized statement of unemployment

- Documentation of catastrophic illness affecting financial solvency
 - Other documentation as may be requested to verify income level claimed
2. Fire Department Response- Within twenty (20) business days of receipt, the Fire Department Billing Manager will review the form and supporting documentation and forward to the Fire Chief with a recommendation for action.

Such recommended action may include, but is not limited to:

- Approval of the Application
 - Recommendation for a payment plan
 - Adjustment of the amount due
 - Denial of the Application
- a. Final determination shall be noted on the form and returned to the Billing Manager for action.
- b. If approved, an electronic copy of the form(s) shall be made and stored electronically by the Fire Department for a period of five (6) years.
- c. The original form(s) shall be transmitted to the Billing vendor authorizing the elimination of the transported patient's charges, noting the payment plan or adjustment of the amount due or confirming that the full amount is subject to collection.
- d. The Fire Department Billing Manager shall notify the patient in writing as to the final disposition of the hardship waiver.
3. Transported patients who apply for a hardship waiver, and are denied, have the ability to request a review of their application by submitting additional documentation further explaining their circumstances. Such application must be filed within 30 days of the mailing of the final disposition of the hardship waiver and can be filed in any of the ways identified in C.1.b or C.1.c. The Fire Chief will review the additional documentation and make a final ruling.